

U.S. DEPARTMENT OF COMMERCE
PATENT AND TRADEMARK OFFICE

DECLARATION

ATTORNEY'S DOCKET NO.

2664/63006

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled **Processes For Preparation of Polymorphic Forms of Desloratadine**, the specification of which was filed on **March 12, 2004** as U.S. Serial No. **10/800,290**.

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

PRIOR UNITED STATES APPLICATION(S)

I hereby claim the benefit under Title 35, United States Code, § 119(e) of any United States provisional application(s) listed below.

APPLICATION NUMBER	FILING DATE (day, month, year)
60/526,339	December 1, 2003
60/516,904	November 3, 2003
60/515,354	October 28, 2003
60/454,299	March 12, 2003

SEND CORRESPONDENCE, AND DIRECT TELEPHONE CALLS TO:

Steven J. Lee, Esq.
KENYON & KENYON
One Broadway
New York, New York 10004-1050

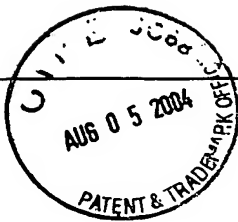
CUSTOMER NUMBER 26646

I declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under § 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	Toth	Zoltan	G.
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Debrecen	Hungary	Hungary
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	Gorgey u. 4	Debrecen	H-4032 Hungary
Signature <i>T. S. Lee</i>		Date 22. 06. 2004.	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	Gyollai	Viktor	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Debrecen	Hungary	Hungary
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	Mikszath Kalman Strasse 77	Debrecen	H-4032 Hungary
Signature <i>Gyollai Viktor</i>		Date 22. 06. 2004.	

FULL NAME OF INVENTOR	FAMILY NAME Kovacsne-Mezei	FIRST GIVEN NAME Adrienne	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Debrecen	STATE OR FOREIGN COUNTRY Hungary	COUNTRY OF CITIZENSHIP Hungary
POST OFFICE ADDRESS	POST OFFICE ADDRESS Karoli Gaspar Str. 252	CITY Debrecen	STATE & ZIP CODE/COUNTRY H-4032 Hungary
Signature <i>K. Mezei Adrienne</i>		Date <i>22/06/2007</i>	
FULL NAME OF INVENTOR	FAMILY NAME Szabo	FIRST GIVEN NAME Csaba	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Debrecen	STATE OR FOREIGN COUNTRY Hungary	COUNTRY OF CITIZENSHIP Hungary
POST OFFICE ADDRESS	POST OFFICE ADDRESS Tozser, u.1	CITY Debrecen	STATE & ZIP CODE/COUNTRY H-4031 Hungary
Signature <i>Szabo Csaba</i>		Date <i>18/06/2004</i>	
FULL NAME OF INVENTOR	FAMILY NAME Aronhime	FIRST GIVEN NAME Judith	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Rehovot	STATE OR FOREIGN COUNTRY Israel	COUNTRY OF CITIZENSHIP Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS Rehov Harav Maor, Iosef 5a	CITY Rehovot	STATE & ZIP CODE/COUNTRY 76217 Israel
Signature		Date	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	Singer	Claude	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Kfar Saba	Israel	Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	8/8 David Elazar	Kfar Saba	44358 Israel
Signature		Date	
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	Gorgey u. 4	Debrecen	H-4032 Hungary
Signature			Date

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	Gyollai	Viktor	
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	Mikszath Kalman Strasse 77	Debrecen	H-4032 Hungary
Signature			Date

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Signature		Date	
FULL NAME OF INVENTOR	FAMILY NAME Szabo	FIRST GIVEN NAME Csaba	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY Debrecen	STATE OR FOREIGN COUNTRY Hungary	COUNTRY OF CITIZENSHIP Hungary
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POST OFFICE ADDRESS	POST OFFICE ADDRESS Rehov Harav Maor, losef 5a	CITY Rehovot	STATE & ZIP CODE/COUNTRY 76217 Israel
Signature 		Date 22.7.04	

FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
	Singer	Claude	
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
	Kfar Saba	Israel	Israel
POST OFFICE ADDRESS	POST OFFICE ADDRESS	CITY	STATE & ZIP CODE/COUNTRY
	8/8 David Elazar	Kfar Saba	44358 Israel
Signature <i>Singer</i>		Date 12.07.09	
FULL NAME OF INVENTOR	FAMILY NAME	FIRST GIVEN NAME	SECOND GIVEN NAME
RESIDENCE & CITIZENSHIP	CITY	STATE OR FOREIGN COUNTRY	COUNTRY OF CITIZENSHIP
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